

COMMUNICATION, EDUCATION, COLLABORATION, AND PARTNERSHIP

IMMUNIZATION AWARENESS CAMPAIGNS

CHILDHOOD CAMPAIGNS

THE NATIONAL IMMUNIZATION PROGRAM'S communication, education, collaboration and partnership efforts help spread the word about immunization and educate the public, healthcare professionals, and all those involved in immunization efforts. NIP responds to requests from the public, the media, and healthcare professionals for information about vaccines and immunization. NIP also provides immunization education through course work, conferences, and information campaigns, and investigates the best way to reach its target audiences. Finally, NIP coordinates its communication and education activities with private and public sector partners.

The National Immunization Program continues to promote awareness of the childhood immunization recommendations. In 2005, for the tenth consecutive year, NIP conducted a nationwide, public service and education campaign in Spanish and English to educate parents about the importance of childhood immunization. The campaign included television and radio public service announcements (PSAs) as well as print ads, posters, and media kits. In addition, the campaign promoted the CDC Information Contact Center, 800-CDC-INFO. Spokespersons for the Spanish-language campaign, Acting Assistant Secretary for Health and Human Services Rear Admiral Cristina V. Beato and CDC's José Cordero, promoted national childhood immunization through radio and television interviews on CNN Español and Telemundo. The campaign received more than 170 million media impressions from television, radio, and print—generating an estimated \$15 million in donated media.

In 2005, the eleventh annual **National Infant Immunization Week (NIIW)** was celebrated April 24–30. This event focuses on the importance of immunizing infants against vaccine-preventable diseases by age 2, and in 2005, NIIW coincided with **Vaccination Week in the Americas (VWA)**. During NIIW, HHS and CDC joined the Pan American Health Organization (PAHO), the United States-Mexico Border Health Commission (USMBHC), and more than 35 nations in the Western Hemisphere to celebrate VWA, highlighting the need for routine vaccinations and promoting access to health services. Local organizations and communities across the country participated in NIIW-VWA, combining themes from PAHO (“Vaccination: an act of love”) and CDC (“Love Them, Protect Them, Immunize Them.”) in support of the continental childhood vaccination campaign.

Participants in NIIW included state and local health departments, healthcare providers, and other immunization partners. Public relations materials, planning tools, national childhood campaign materials, web banners and buttons, and logos were available from the NIIW website, www.cdc.gov/nip/events/niiw. NIP distributed English and Spanish-language materials to programs, partner agencies, and other organizations. The NIIW website received over 25,000 hits over a period of 10 weeks.

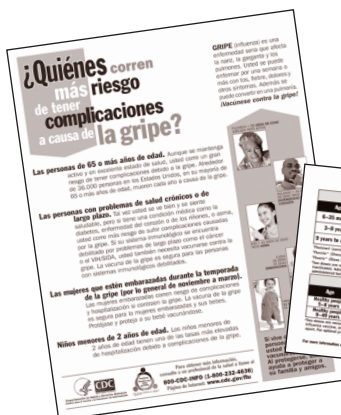
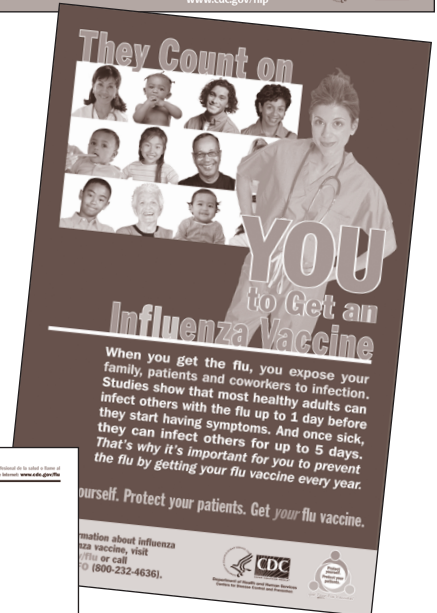
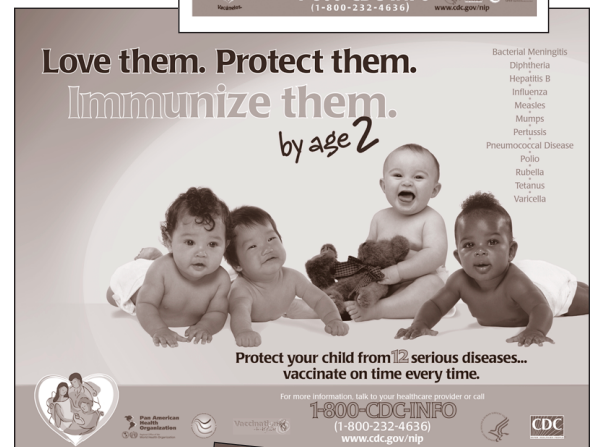
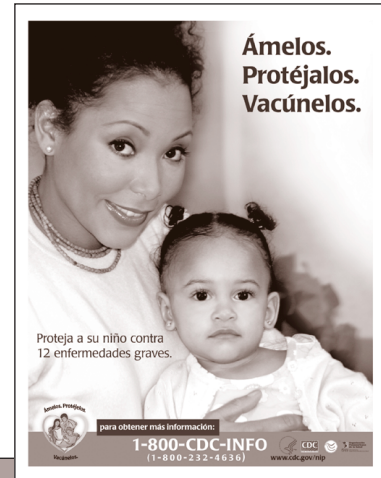
In the United States, NIP staff traveled to 14 cities in 9 states, including Newark, New Jersey, Fargo, North Dakota, and Washington, D.C., to participate in media events, grand rounds, provider education and training conferences, community forums, awards ceremonies, and other events promoting NIIW and VWA. Special events were also held in sister-city sites throughout the U.S.-Mexico border region.

New Mexico and Louisiana served as national NIIW-VWA sites. A series of events were planned in both states including a kick-off event in Las Cruces, New Mexico, which brought together Deputy Surgeon General, Dr. Kenneth Moritsugu, New Mexico's First Lady, Barbara Richardson, and other health officials to support immunization efforts and celebrate New Mexico's success in increasing their infant immunization rates from 61% in 2000 to 77.9% in 2004. In Louisiana, Governor Kathleen Babineaux Blanco declared April 24–30 as National Infant Immunization Awareness Week. More than 4,000 people were immunized during that week. New Orleans officials, including the mayor, participated in a press conference to kick off NIIW events in Louisiana and to highlight the importance of immunization. The U.S. events generated a great deal of publicity, providing opportunities to spread the message of the importance of childhood vaccination.

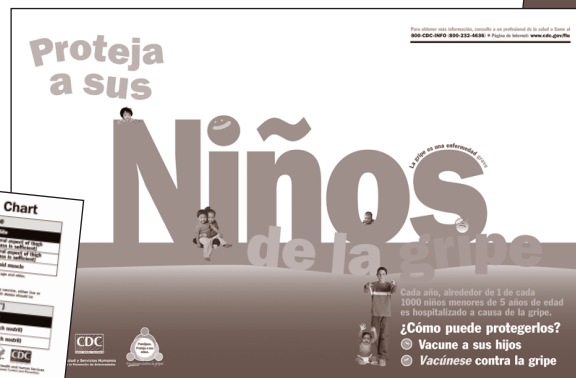
ANNUAL INFLUENZA CAMPAIGN

CDC's annual influenza vaccine promotion campaign was launched in 2005 in early September. Highlights included:

- Over 25 posters, flyers and brochures targeting parents, seniors, people with chronic health conditions, healthcare providers and the general public, available for download in Spanish and English from CDC's online Flu Gallery www.cdc.gov/flu/gallery
- Distribution of over 2,300 kits of sample educational materials to immunization program managers, city and county health officials, public health information officers and others
- Distribution of television and radio PSAs, radio media tours, and video and audio news packages targeting English and Spanish speakers
- \$2.3 million in donated media coverage and approximately 249.5 million audience impressions



Vaccine	Age	Dose	Number of doses	Notes and site
Inactivated, Split-viral Influenza Vaccine	6-11 months	0.25 mL	1 or 2	Injectable. 2 months apart if 6-11 months.
	12-35 months	0.25 mL	1 or 2	Injectable. 2 months apart if 12-35 months.
	3-6 years	0.5 mL	1	Injectable. 2 months apart if 3-6 years.
Live, Attenuated Influenza Vaccine (FluMist)	2-4 years	0.5 mL	1 or 2	Nasal spray. 2 months apart if 2-4 years.
	5-9 years	0.5 mL	1	Nasal spray. 2 months apart if 5-9 years.
	10-17 years	0.5 mL	1	Nasal spray. 2 months apart if 10-17 years.



COMMUNICATING ABOUT VACCINES AND IMMUNIZATION

RESPONDING TO THE MEDIA

Each year, NIP receives thousands of phone calls and e-mails from members of the media. Reporters seek information about the latest immunization recommendations, vaccine-related research, or the number of adults and children receiving a specific vaccine. In response to these requests, NIP activities include

- Posting the latest immunization-related information on the NIP website
- Releasing program updates and scientific announcements in the CDC *Morbidity and Mortality Weekly Report (MMWR)*
- Offering scientific and medical expertise for press conferences, briefings, and interviews
- Summarizing immunization recommendations, scientific findings, and immunization issues for quick reference

PROVIDING TECHNICAL ASSISTANCE TO HEALTHCARE PROFESSIONALS AND THE GENERAL PUBLIC

CDC Contact Center: CDC-INFO / 800-CDC-INFO (232-4636) / In English, En Español—24/7 / TTY: 888-232-6348

From March 1997 through early 2005 the National Immunization Information Hotline, operated by the American Social Health Association provided immunization information to both the public and providers. During this time Hotline staff answered almost 800,000 questions by telephone and email. In March 2005, immunization call center operations were integrated into the new consolidated CDC contact center—CDC-INFO. The contact center is operated by Pearson Government Services, primarily out of their operation center in Phoenix, Arizona. Since “going live” with immunization information, the call center has handled 426,198 contacts, of which 62,268 were immunization-related. The contact center operates 24 hours a day, 7 days a week.

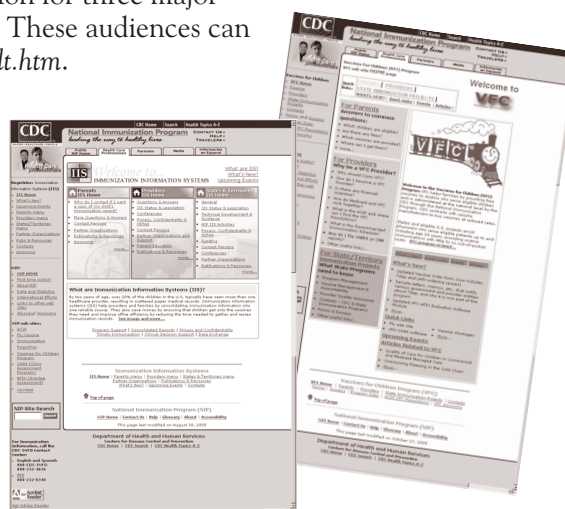
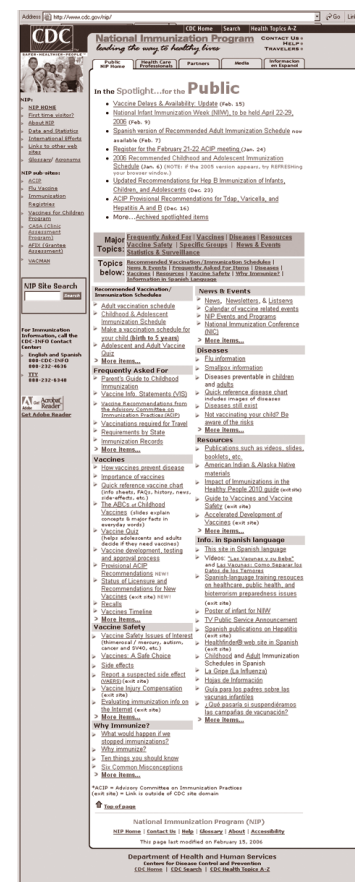
E-mail: NIPINFO@cdc.gov

In 1995, the NIPINFO e-mail service was initiated to answer immunization questions from doctors, nurses, and other healthcare providers; today the service is used by the public as well as healthcare professionals. Most questions are answered within 24 hours. The annual volume of messages has increased from 2,084 in 1998 to 8,604 in 2005, an average of 39 per day. NIPINFO staff received an award at the 2005 NIP Annual Honor Awards Ceremony for their efforts to provide timely and accurate responses to e-mail questions.

NIP Website: www.cdc.gov/nip

In 2005, the NIP website continued to be upgraded and enhanced, and new ways to tap the potential for this powerful medium were explored. Notable additions and activities included:

- **“Listening” on the Internet.** The NIP website continues to be used by its public audience to send comments and suggestions about immunization policies. Online surveys and the “Contact Us” link are used to gather information about response to applications, news, and information on the website.
- **Personalized Childhood Vaccine Schedule.** One of the most popular additions to the NIP website in 2002, the “childhood scheduler” enables parents to create a personalized immunization schedule for their children; the program is updated promptly as immunization recommendations change.
- **Vaccine Quiz for Adolescents and Adults.** Added to the NIP website in 2004, the Vaccine Quiz is an interactive web page that helps adolescents and adults understand which vaccines they need. In 2005, the pertussis vaccine (Tdap) and the meningococcal vaccine (MCV4), newly recommended vaccines for adolescents and adults, were added to the Vaccine Quiz.
- **Response to Hurricane Katrina.** NIP worked with the Office of Preparedness and Emergency Response (OPER) to provide an online source of immunization information for health care workers, relief workers and residents of the Gulf Coast region affected by Hurricane Katrina.
- **You Call the Shots.** A web-based training course on immunization for healthcare providers was developed by NIP and launched in 2005. The web-based training modules currently available provide information on the general guidelines for immunizations as well as disease and vaccine specific information on polio, diphtheria, tetanus, and pertussis. Healthcare providers can visit www.cdc.gov/nip/ed/youcalltheshots.htm to complete the training modules. Immunization modules in development include *Haemophilus influenzae* type b (Hib), hepatitis A, hepatitis B, influenza, measles, mumps, and rubella (MMR), meningococcus, overview of bioterrorism, pneumococcus vaccine, vaccine administration practices, and varicella.
- **ACIP Meetings.** Attendees of ACIP meetings are now required to register online through a Web-based registration system developed and implemented by NIP. Those planning to attend ACIP meetings may register at www.cdc.gov/nip/ACIP/dates.htm.
- **Immunization Information Systems.** NIP’s IIS website was redesigned in 2005 with more user-friendly navigation and information for three major audiences—parents, providers and state/city grantees. These audiences can find this information at www.cdc.gov/nip/registry/Default.htm.
- **Storage & Handling Toolkit.** This toolkit is a web-based, comprehensive resource offering detailed information on the proper storage and handling of vaccines, including recommendations and resources. The toolkit is available at www2a.cdc.gov/nip/isd/shtoolkit/splash.html.



COMMUNICATIONS RESEARCH

NATIONAL PRIMARY CARE PHYSICIAN SURVEY

To help physicians answer parents' questions and concerns about immunization, NIP is conducting a three-year survey of pediatricians and family physicians. This study, carried out by the Gallup Organization, identifies the questions parents ask about immunization and tracks how physicians answer these questions. In 2005, the third and final year of the study, researchers gathered data on vaccination attitudes and practices from 387 pediatricians and family physicians and their patients. Survey results will be used to analyze short-term childhood vaccination trends and to develop communication and educational materials for physicians and parents. Longitudinal analysis of vaccine usage and safety concerns are also underway.

PATIENT ENCOUNTER SURVEY

Data about patient encounters is collected annually by the Gallup Organization from a representative sample of providers and parents. Participants answer a series of questions about their attitudes, beliefs, practices, and concerns in relation to childhood vaccination. Researchers collect data about which vaccines are given late or are missed and why. This study uncovered significant differences in perceptions of vaccines issues; parents and physicians view them very differently. Results of the survey are scheduled to be presented at the 2006 National Immunization Conference, and analytical articles are in preparation.

QUALITATIVE COMMUNICATIONS RESEARCH

Avian Influenza

In August 2005, general public focus groups and physicians/healthcare provider in-depth interviews on their attitudes, beliefs, and knowledge and about avian influenza (H5N1) and H5N1 vaccine were conducted. The focus groups, with 97 participants and 39 in-depth interviews, were held in New York City, Wichita, Kansas, Portland, Oregon, and San Francisco. The research indicated that:

- Awareness of avian influenza and the possibility of a pandemic was varied but was generally low.
- There was little sense of urgency among healthcare providers regarding a pandemic.
- The term "priority groups" when referring to persons who would receive avian influenza vaccination first had a strong negative connotation.
- Most physicians and healthcare providers reported that they would contact a local infectious disease specialist first for information about avian influenza.
- Many members of the public assumed that pandemic influenza vaccine allocation would be similar to seasonal influenza vaccine allocation.

Seasonal Influenza

Adults with Chronic Health Conditions

In May 2005, 30 focus groups were conducted with African-American, Caucasian, and Hispanic adults aged 50 to 64 at high risk for complications from

influenza to assess the effectiveness of CDC's outreach materials. The research indicated that:

- Participants understand that seniors and infants should be immunized for influenza.
- Older adults tend to believe that certain types of people such as seniors and infants should be immunized because they are at greater risk of getting influenza and tend to not recognize that such people are actually at greater risk of suffering complications from influenza.
- A number of concerns regarding the efficacy and safety of influenza vaccine persist.
- Older adults with chronic conditions need outreach materials that include a basic definition of chronic conditions, include examples of chronic conditions, and state that people with chronic conditions are at greater risk for suffering from complications of influenza and should thus receive influenza vaccinations annually.

Nurse Study

In June 2005, 45 in-depth interviews were conducted with African-American and Caucasian nurses to assess the effectiveness of CDC's outreach materials. The research indicated that:

- Nurses express many of the same concerns regarding the efficacy and safety of the influenza vaccine as do members of the general public. Unlike the general public, however, nurses believe that being regularly exposed to illness in their professional lives increases their resistance to influenza.
- Many nurses said they were not vaccinated against influenza in the 2004-2005 influenza season. Some of these nurses indicated they "stepped aside" so that others could be vaccinated instead. In addition, nurses tended to regard vaccination as a way to prevent getting influenza from a patient, yet few realized vaccination could help them prevent spreading influenza to their patients.
- To reach nurses who are reluctant to be vaccinated, outreach items that include highly detailed information should be developed and widely distributed. For nurses who are amenable to being vaccinated, less detailed items, such as posters, are effective behavioral triggers.

"Non-Doers" Aged 50 and Older

In July 2005, twelve focus groups were conducted with African-American, Caucasian, and Hispanic adults age 50 and older who declined to receive an influenza vaccine (designated in the study as "non-doers") during the previous two influenza seasons—in spite of being part of a group for whom the vaccine is recommended. The purpose of the study was to assess the perceptions, opinions, beliefs and attitudes held by these groups about influenza disease and the vaccine, and to test messages and materials. The research indicated:

- Many non-doers see getting a flu shot as a gamble, because they reported believing the vaccine does not always seem to protect against the illness, and might even cause the illness.
- Since many participants have never been seriously ill with influenza in the past, they do not perceive this as a serious threat to their health or lifestyle.

- Respondents want a credible explanation for why the vaccine cannot cause influenza, when they see people becoming ill after receiving it. The blanket denial that the “shot cannot cause the flu” makes it appear that healthcare authorities are lying.
- Focus group participants found it useful to receive simple yet somewhat detailed information that described how vaccines work, how they protect against virus strains, how flu vaccines are more pure than they used to be and therefore cause fewer systemic side effects, and how scientists measure vaccine efficacy.
- Some members of this group do not realize the vaccine is recommended for them and simply need this information.
- Some people will not be convinced to participate in this health behavior no matter what is said to them; however, a certain number of non-doers can be convinced to change their minds.

OTHER AVENUES FOR EDUCATION AND COMMUNICATION

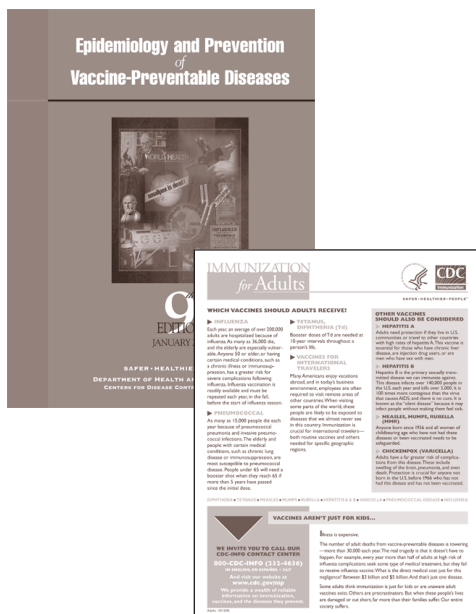
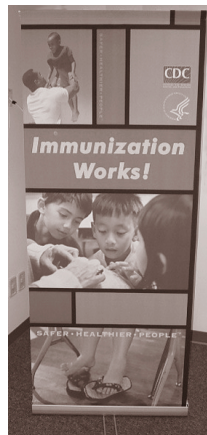
NATIONAL IMMUNIZATION PROGRAM TRAVELING EXHIBIT

NIP exhibits at national and regional conferences to inform healthcare providers and consumers about immunization recommendations, policies, resources, and scientific findings. Through this exhibit, NIP promotes its website, publications, training programs, and many other immunization resources. The exhibit offers brochures about immunization topics, CD-ROMs with current immunization information, and pocket-sized, laminated immunization schedules. In 2005, NIP's exhibit was displayed at 18 meetings and conferences, sometimes in conjunction with exhibits from NCID and NCHSTP. Among the larger conferences were the National Association of School Nurses, the National Medical Association, and the American Academy of Family Physicians.

PRINT AND ELECTRONIC PUBLICATIONS

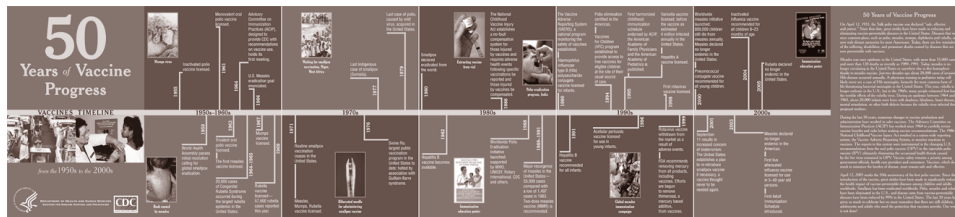
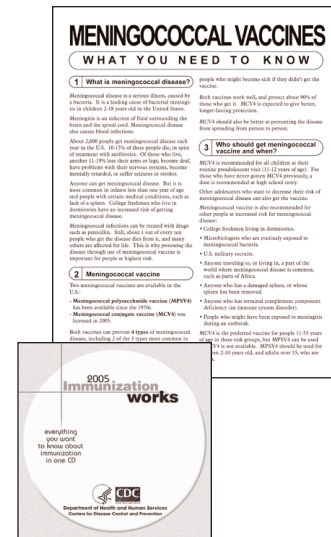
The National Immunization Program publishes immunization materials in both print and electronic formats. Materials can be requested by phone, fax, mail, and e-mail, and many can be accessed directly from the NIP website. Many materials are also available through the NIP online ordering system at www.cdc.gov/nip/publications. Materials include:

- Fact sheets, brochures, and question-and-answer documents on subjects such as immunization recommendations, vaccine safety, registries, and the VFC program
- Reference books and materials, such as the “Surveillance of Vaccine-Preventable Diseases” manual and the *Epidemiology and Prevention of Vaccine-Preventable Diseases* text (better known as the “Pink Book”). A major public health immunization reference, the Pink Book is available in an annually updated print version. To date, 46,468 copies of the 8th edition of the Pink Book have been purchased through the Public Health Foundation (PHF). The electronic version, available for download from the NIP website, is updated continuously. The 9th edition was released February 2006.



- Patient education materials on current topics, including vaccine information statements (VISs), Parents' Guide to Childhood Immunization, and a variety of materials that address vaccine recommendations, vaccine safety issues, and childhood and adult immunizations concerns
- VHS videotapes and DVDs of immunization-related training for healthcare providers
- Computer-based and web-based, self-study courses
- CD-ROMs for healthcare provider education.

Each year, the NIP Resource and Information Center distributes a wide variety of publications and resources. Highlights for 2005 include the distribution of 413,500 printed items, 32,500 CD-ROMs, and 4,600 VHS videotapes and DVDs. Particularly popular were the Childhood/Adolescent and Adult Immunization Schedules (64,000), Immunization Works CD (22,000 copies), and the VIS Booklet (for providers—33,000 copies).



HEALTHCARE PROVIDER EDUCATION

The National Immunization Program offers healthcare provider training and education through a variety of media, including self-study and instructor-led satellite, Internet, and land-based courses, speaker presentations, and NetConferences. In addition, NIP presents immunization modules in medical residency programs and medical and nursing school curricula.

In 2005, NIP staff delivered 115 in-person presentations in 31 states and the District of Columbia to 14,362 healthcare professionals. Other training included three land-based courses, six satellite broadcasts, four NetConferences (webcasts with telephone conferencing) and three web-based modules.

Most NIP training and education activities offer continuing education (CE) credit. Types of credit awarded include Continuing Medical Education (CME), Continuing Nursing Education (CNE), Continuing Education Units (CEU), Continuing Pharmacy Education (CPE), and Continuing Education Contact Hours (CECH) for health educators. In 2005, over 22,000 healthcare providers were awarded CE credit for participation in NIP programs. NIP also sponsors conferences and meetings to support immunization education for healthcare professionals.

The advertisement features a healthcare provider in a white coat and stethoscope. Text in Spanish reads: "Si tiene 50 años o más, usted debe ser uno de los primeros en vacunarse contra la gripe cada año." Below this, it says: "Cada año más de 36.000 personas mueren a causa de la gripe en los EE.UU. Manténgase fuerte y saludable. ¡Vacúnese contra la gripe!" At the bottom, it provides contact information: "Para obtener más información, consulte a un profesional de la salud o llame al 800-CDC-INFO (800-232-4636) Página de Internet www.cdc.gov/nip".

NIP-SPONSORED EVENTS IN HEALTHCARE EDUCATION



NATIONAL IMMUNIZATION CONFERENCE

The thirty-ninth National Immunization Conference was held in Washington, D.C. at the Washington Hilton Hotel on March 21–24, 2005. Co-sponsors of the Conference were the Task Force for Child Survival and Development, Centers for Medicare and Medicaid Services (CMS), and the CDC Foundation. The National Foundation for Infectious Diseases (NFID) was host of the separate but concurrent vendor exhibit. The Conference was attended by 1,593 persons from all 50 states, some U.S. territories, and several other countries.

For the first time, the conference was run on a track-based system. Participants could choose to attend workshops in one of six tracks: Adult Immunization, Epidemiology, Health Communications, Immunization Registries, Programmatic Issues, and Vaccine Safety. In all, 12 workshop sessions (a total of 67 workshops) and three joint plenary sessions were offered. A highlight was a large plenary session celebrating the 50th anniversary of the introduction of polio vaccine.

The exhibit hall contained 110 posters and 24 not-for-profit exhibits. Popular features of the Conference were two well-attended immunization question-and-answer sessions hosted by EIPB's training team, and Lunch Rounds, which were attended by almost 350 persons. A total of 443 people received continuing education credit in the form of physician and non-physician CME, CNE, CEU, CPE, and CECH for health educators.

EDUCATION SUCCESS: NETCONFERENCE

NIP has adopted a new technology to enhance audience participation and attract new audiences for immunization education programs. This technology, "NetConference," combines live, online visual presentations with simultaneous audio transmission through a telephone line. The one-hour "seminars" include live question-and-answer sessions. Audience members watch the presentations on computer screens, listen over a telephone line, and call in questions and comments. The presentations are scheduled four times each year.

In 2005, NIP staff produced four "Current Issues in Immunization" NetConferences covering the topics of varicella case-based reporting, meningococcal and influenza vaccine, new ACIP recommendations on varicella and Tdap, and seasonal influenza information. NIP also supported four additional NetConferences. In 2005, over 3,400 participants have registered for NetConference attendance, and 949 participants received continuing education credit.

NEW TRAINING & EDUCATION PRODUCTS AND IMMUNIZATION RESOURCES

IMMUNIZATION: YOU CALL THE SHOTS

In 2005, NIP launched *Immunization: You Call the Shots*, an interactive, web-based training course consisting of a series of modules that cover recommendations on vaccine use, proper vaccine administration practices, and vaccine storage and handling guidance. The modules include self-tests to assess learning and provide extra learning opportunities, links to resource materials, and an extensive glossary. The modules developed so far are “Understanding the Basics: General Recommendations on Immunization,” “Diphtheria, Tetanus, and Pertussis,” and “Polio.” This self-study course is intended for introductory training of healthcare professionals who provide immunizations and can serve as a reference or refresher for all immunization providers. Continuing education credits are offered. The course is available free of charge on the NIP website at: www.cdc.gov/nip/ed/youcalltheshots.htm. *Immunization: You Call the Shots* was developed through a Cooperative Agreement between NIP and the Association of Teachers of Preventive Medicine.



EDUCATING PHYSICIANS IN THEIR COMMUNITIES

NIP staff partnered with the Georgia Chapter of the American Academy of Pediatrics to provide peer-to-peer education for immunization providers. The Educating Physicians in their Communities (EPIC) program addresses standards number 8 in *Standards for Adult Immunization Practices* and number 10 in *Standards for Child and Adolescent Immunization Practices* regarding provider training and education. EPIC brings immunization education to the practice setting.

VACCINE STORAGE AND HANDLING TOOLKIT

In 2005, NIP introduced Web-based and CD-ROM versions of a new resource for healthcare personnel who provide immunization services. The Vaccine Storage and Handling Toolkit is a comprehensive resource that provides detailed information on the proper storage and handling of vaccines. The Toolkit covers such topics as maintaining the cold chain, proper equipment and temperature monitoring and vaccine preparation and disposal.

ESTABLISHING PARTNERSHIPS AND FOSTERING COLLABORATION

NIP works with local, state, national, and international partner organizations to increase awareness of immunization recommendations, foster the development and implementation of effective immunization programs, and achieve high immunization coverage levels. Effective strategies for delivering and evaluating immunization services include use of immunization information systems (including immunization registries), regular audits of immunization records, and collaborating to reach under-immunized populations.

NIP also develops partnerships with community organizations and private healthcare providers to increase awareness of immunization recommendations and the use of “best practices.”

FEDERAL, STATE, AND COMMUNITY SUPPORT

NIP brings together many partners to coordinate vaccine policies and initiatives. Achieving our nation's immunization goals depends upon collaboration among professional organizations, state and federal public health agencies, vaccine manufacturers, and other healthcare provider and community partners. These joint efforts span each phase of vaccine development and delivery.

IMMUNIZATION GRANT FUNDS

Federal funding for the Immunization Grant Program (also called the "Section 317 grant program") began in 1963. In 2005, NIP administered over \$400.7 million in federal grants to 64 state, local, and territorial public health agencies for program operations and purchase of vaccines not covered by the Vaccines for Children Program (VFC). An additional \$1.37 billion was provided to the state, local, and territorial public health agencies through the VFC program. Under the VFC program, publicly purchased vaccines are provided to public and private healthcare providers for administration to eligible children at no charge. State, territorial, and local immunization programs use these federal funds to purchase vaccines. Section 317 funds also help to maintain an immunization infrastructure to assure service delivery, conduct surveillance of vaccine coverage and safety, and sustain and improve vaccination levels. Immunization grantees receive technical assistance through site visits and routine communications from program consultants at NIP.

COOPERATIVE AGREEMENTS

NIP collaborates with private provider organizations, national minority organizations, and coalition groups to promote immunization. Partnerships with these groups are instrumental in educating healthcare providers and the public about immunization recommendations and in addressing vaccine safety concerns. Funding to national minority organizations and coalition groups has enhanced understanding of specific needs and has enabled the development of appropriate messages for special populations, including those at high risk for vaccine-preventable diseases. Through healthcare provider cooperative agreements, NIP has increased healthcare provider education and standardized immunization policies and practices.

One very successful cooperative agreement is with the **American Pharmacists Association** (APhA). As the largest national association of pharmacists in the country, APhA serves more than 50,000 practicing pharmacists, pharmacy students, and others. Through this partnership, APhA has promoted immunization messages and materials to member pharmacists nationwide and collaborated with physicians and others to increase the public's access to immunizations. In addition, the partnership has helped NIP respond to new immunization issues as they emerge. Amid concerns about the influenza vaccine supply situation, NIP worked with APhA to survey pharmacists across the country about their influenza vaccine supply. The survey results will help NIP plan for next year's influenza season.

Another successful partnership is with the **American Academy of Pediatrics** (AAP). The AAP has used NIP funding to support its **Childhood Immunization**

Support Program (CISP). This program works to improve the immunization delivery system for children across the nation. Through web-based resources, training modules, newsletters, meetings and events, the CISP program works to inform pediatricians across the country about the latest immunization practices and recommendations. AAP is currently developing a training module in immunization which will provide assistance for improvement of pediatric vaccine administration. Because pediatricians provide the vast majority of childhood immunizations, the partnership between CDC and AAP is critical in ensuring that all children are immunized on time.

PARTNER COMMUNICATION PROGRAM

NIP offers the Partner Communication Program (PCP) to communicate with health departments and national organizations about issues that affect immunization in the United States. Currently, the PCP comprises 131 partner organizations representing physicians, nurses, pharmacists and other healthcare professionals; policy makers; and minority groups. PCP supports NIP's *Immunization Works* monthly e-letter and the *Emergency Communication Program*.

Immunization Works provides information about new immunization advances, recommendations and resources. National organizations that receive *Immunization Works* can include information from the e-letter in their own electronic and print publications, greatly expanding its reach. The e-letter can be accessed from the NIP website at www.cdc.gov/nip/news/newsletters/imwrks/imwrks.htm.

The Emergency Communication Program enables rapid communication about issues that might have an immediate impact on healthcare professionals and those they serve—issues like vaccine shortages and disease outbreaks. News and information about vaccine shortages, disease outbreaks, storage and handling and other urgent situations are distributed through the *Emergency Communications Program*.

